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ABSTRACT

This research study evaluated the sex education program at the American School of Tampico (Mexico) by examining the students' perception of sex education and the level of knowledge it provided them. A random sample of eighth- through tenth-grade students (n=97) was chosen from the total population of 132 students. Each student answered a survey related to the topic. Most students considered the information they received through the program as useful. The students thought doctors and parents were the best sex education providers and said they received most of their information from parents, doctors, and teachers. Data are presented in five tables; the questionnaire is included in the appendix. (Contains 19 references.) (Author/ND)

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ADOLESCENT SEX EDUCATION KNOWLEDGE IN AMERICAN SCHOOLS OF MEXICO

by

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ABSTRACT

This research evaluated the American School of Tampico's (Mexico) sex education program by examining the students' perception of it and the level of knowledge it provided them. A random sample of 8th through 10th grade students (97) was chosen from the total population (132). Each student answered a survey related to the topic. Most students considered the information they received through their program as useful. The students thought doctors and parents were the best sex education providers and received most of their information from parents, doctors and teachers.

TABLE OF CONTENTS

Page

LIST OF TABLES 4

Chapter

1. INTRODUCTION

General Introduction 5

Statement of the Problem 5

Purpose and Significance of the Study 5

Definition of Terms 6

Null Hypothesis 6

Limitations and Delimitations 7

Assumptions 7

2. REVIEW OF RELATED LITERATURE AND RESEARCH

Sex Education: Definition and Goals 8

Sex Education History 8

Sex Education Programs 10

Who Should Particiapte in Sex Education Programs? 12

Sex Education in Mexico 12

Sex Education in The American School of Tampico 13

3. METHODS AND PROCEDURES

Sampling Procedures 14

Data Gathering Instruments 14

Procedures 14

4. PRESENTATION AND ANALYSIS OF DATA

Restatement of the Hypothesis 15

5. SUMMARY

Summary 22

Conclusions 22

Recommendations 22

REFERENCES 23

APPENDIX

Questionnaire 25

LIST OF TABLES

Page

Table 1. Number of Students Responding by Grade to Questionnaire....17

Table 2. Percent of Students That Consider Sexual Information Useful....18

Table 3. Best Sex Education Information Providers....19

Table 4. Best Sources of Sex Information....20

Table 5. Correct answers to Sexual Knowledge Questions....21

Chapter 1

INTRODUCTION

General Introduction

In the United States, 56% of the 18 year-old women and 73% of the 18 year-old men had sexual intercourse at least once. Only 20% of young adolescents remained abstinent. Four-fifths of the sexually active teenagers regularly used contraceptives. Thirteen percent of the teenagers ages 13-19 contracted a sexually transmitted disease. From 1970 to 1990 births to single women rose 150% for teens (The Family Planning Council of Western Massachusetts UPDATE, 1995; "Adolescence and Abstinence", 1996).

Due to these staggering facts sexuality education programs are more important than ever. For the past three decades, schools have implemented these programs in their curriculum due to the constant increase in adolescent sexual activity, pregnancies, and sexually transmitted diseases, among other problems. Their goals were mainly to promote adult sexual health, through accurate information about human sexuality, understanding of adolescents' own values, attitudes, interpersonal skills and responsibilities related to sexual relationships ("Sexuality Education in Schools: Issues and Answers", 1996).

Statement of the Problem

While much effort has created consciousness among adolescents about sexuality and its risks, succeeding in increasing knowledge about pregnancy, birth control and sexual intercourse (Lagana & Hayes, 1993), many programs "have provided little evidence of reduced sexual activity, diminished teenage pregnancy rates, or increased effective contraceptive use" (Genuis & Genuis, 1995, p. 240). This was a difficult task to achieve, as adolescents are influenced by many sources outside school environment, such as peers, parents, media, etc., and their own emotional, social and sexual needs, making the goal of changes in attitude and behavior more difficult (Kirby, 1980).

Contrary to this, other research (Terrell, 1995; "Sexuality Education in Schools: Issues and Answers", 1996; "Adolescence and Abstinence", 1996; Haffner, 1995) reported that sex education programs provided benefits to adolescents, especially when it focused on specific behaviors like abstinence, contraception, values, attitudes, and was given before sexual activity has started. Thus, it seemed that knowledge related to human sexuality, beliefs, attitudes, sex education programs, and sources of sexuality information were the basic concepts that worry educators in the area of adolescent sexuality.

Purpose and Significance of the Study

The research's objective was surveying the junior high students of the American School of Tampico (ATS) to determine what level of knowledge their sex education program has

contributed, what sources of information outside class had influenced this knowledge, and what their needs were related to this program. This will help the evaluation of the program, which can then be followed by a survey directed to parents and teachers. The purpose of this study was to contribute to the creation of a comprehensive sexuality education program, integrated by what the ATS community (students, parents, teachers) consider necessary to cover the basic education of sexuality.

Definition of Terms

1. American School of Tampico (ATS): an overseas bilingual school in Tampico, Tamaulipas, Mexico. The school has an English immersion program in levels pre-kindergarten through junior high school, and has an approximate amount of 750 students. The ATS is accredited by the Mexican Ministry of Education, as well as by the Southern Association of Colleges and Schools in the United States.

2. Sex education: defined by the National Guidelines Task Force (1991, p.3):

> Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive domain, the affective domain, and the behavioral domain.

3. Sexuality knowledge: knowledge related to areas like human reproduction, contraception, sexual relationships, sexually transmitted diseases, AIDS, abortion, among others.

4. Adolescence: defined by Haffner (1995, p. 2)

> ...adolescence is the time when young people develop the knowledge, attitudes, and skills that become the foundation for psychologically healthy adulthood. It is a period characterized by rapid changes and the need to achieve many significant developmental tasks.

Null Hypothesis

The sex education program established in The American School of Tampico covered the following: a minimal introduction in eighth grade, in which the students study human reproduction in biology class, and have a conference from a specialist. In ninth grade, human reproduction and pregnancy were studied. Tenth graders studied sexually transmitted diseases, AIDS, pregnancy, abortion, contraception and the social aspects and risks of sexual intercourse and pregnancy in adolescent years.

Therefore, the hypothesis of this study was there is no difference in the level of

sexuality knowledge between the 9th and 10th graders.

Limitations and Delimitations

1. This study was limited to students enrolled at the ATS. It is delimited to the students in grades 8th through 10th in the 1995-1996 school year.

2. The related literature and research was focused mainly on the United States, due to the impossibility of obtaining material related to the Mexican population.

Assumptions

1. It is assumed students in this study were representative of other current and future ATS students.

2. It is also assumed that students have not received sex education outside the school environment.

Chapter 2

REVIEW OF RELATED LITERATURE AND RESEARCH

Sex Education: Definition and Goals

Sex education programs are not a new trend in the educational area. These programs have been around since the beginning of the century in the United States. Purposes, contents and methodologies have constantly changed, and so has the definition of sex education.

There is an drastic increase in teenage premature sexual intercourse, as well as pregnancies, sexually transmitted diseases, abortions, and AIDS. These events make educators worry about what is the best approach to help adolescents make responsible decisions that will help them avoid risky sexual behavior. Sex education, therefore, is defined by the National Guidelines Task Force as

> ...a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive domain, the affective domain, and the behavioral domain... (1991, p.3).

Many authors ("Sexuality Education in Schools: Issued and Answers", 1996; Leepson, 1993; Haffner, 1995; & Baird, 1993) agreed that the main goals of a sex education program were: (a) to provide adolescents with enough and correct sexuality knowledge that can help them have a positive attitude about their own sexuality and take care of their sexual health, (b) to help them acquire skills that can aid them make responsible decisions about their sex life now and in the future, and (c) to provide the knowledge related to human reproduction, contraception, sexual relationships, pregnancy, sexually transmitted diseases, AIDS, abortion, communications, gender roles, among others. These will cause a benefit in the reduction of high teenage pregnancy rates, sexually transmitted diseases, and other sexual related events.

Sex Education History

Sex education evolved quickly since the first programs created at the beginning of the century. The sex education programs of the 1900's focused on giving the student the correct information about sex reproduction, biology, and stressed the importance of values as self-control and restraint. Their purpose was to prevent the youth from falling "prey to the immorality which might be advocated by their peers and other undesirable elements..." (Penland, 1981, p. 305). They tried to inform only those students who could be capable of utilizing the information in a proper way, and girls would not be formally taught sex related topics. The methodology used was strictly lecture, with low possibilities of student participation

or interaction.

In the 1940's, the population, including educators, started recognizing the need of actualized modern sex education programs in school, that adapted to the changes lived in society since the 1900's. The sex education then extended and included the "understanding of a person's own sexuality and learning to become sensitive to the sexuality of others" (Moseley, 1992, p. 1209). Sex education's goal was to encourage a healthy sexual life, through increasing the information related to psychosexual development and human sexual functions. The methodologies included lectures, discussion and visual aids, directed to same-sex classes. The main purpose was the prevention of pregnancies and diseases.

The 1950's and 1960's brought about great changes that caused people to be more open about sex related subjects. These guided the sex education in the 1980's toward programs containing many difficult topics such as sexual relationships, contraception, individual sexuality and values, and not just reproduction. Methodology started to include student participation, role playing, visual aids and discussion, in mixed sex classes.

Between the 1970's and 1990's, hundreds of sex education curricula were developed and implemented in junior and senior high schools (Kirby, 1992). These programs evolved from the 1940's basics to the modern times necessities. The first groups tried to increase the knowledge about risk and consequences of premature sexual intercourse and pregnancy, based on the assumption that if they had enough and correct information, then they would avoid taking risky sexual decisions. These programs increased the students' knowledge, but did not reduce significantly the rate of teen sex intercourse and pregnancies (Kirby, 1992).

Later, another group of sex educators chose to include values into the knowledge content programs. That way the adolescents would clarify their values related to sexuality and develop decision making skills that would help them avoid risky sexual behaviors. Kirby's research titled "Sexuality education: an evaluation of programs and their effects", showed that the programs didn't significantly affect sexual behavior (cited in Kirby, 1992).

A reaction to these programs caused another group of sex educators to propose a different program. They emphasized abstinence only and preferred not to discuss contraception. HIV/AIDS programs appeared next as a need to reduce misinformation on HIV infection and transmission, and promoted delay of premature sexual intercourse, and safe sex practice.

Other programs emphasized the acquisition of skills that helped students resist peer pressure related to sex. Sexuality, reproduction and contraceptives were taught and practices in applying learned skills was stressed. These procedures proved to be more effective than the others.

Sex Education Programs

Content

There were different opinions on what a sex education program should include in its curricula. Leepson (1993) stated that sex education programs usually involve the discussion of controversial topics as: abortion, promiscuity, contraception, homosexuality, rape, prostitution, responsible decision making about sex and dating.

Haffner (1995) considered typical content of the sex education programs were: dating, relationships, values, masturbation, contraceptives, pregnancy, reproductive health, AIDS, STD's, abstinence and responsibility regarding sexual relationships, among other topics.

The National Guidelines Task Force identified six key concepts that should be part of any sex education program. These key concepts were: "human development, relationships, personal skills, sexual behavior, sexual health, and society and culture" (1991, p. 9).

"Sexuality Education in Schools: Issues and Answers" (1996) added that topics like self-esteem, family relationships, parenting, friendships, values, communication techniques, dating, and decision-making skills are included in the main six key concepts mentioned before.

Sex Education Programs Effectiveness

Many authors criticized and evaluated different sex education programs and their effectiveness in preventing early sexual intercourse, pregnancy, STD's, etc. There seemed to be two opposing viewpoints related to this.

On one side were those who consider certain sex education programs as ineffective and unsuccessful. Genuis and Genuis (1995, p. 240) found that "contraceptive-based sex education programs have provided little evidence of reduced sexual activity, diminished teenage pregnancy rates, or increased contraceptive use". They suggested that these programs needed a different approach, like focusing on behavioral issues, and encouraging the postponement of sexual involvement. Other authors reported that "abstinence-only programs have not been found to be effective in helping young people to postpone sexual involvement" ("Sexuality Education in Schools: Issued and Answers", 1996, p 4). There isn't enough research or evidence to determine the effectiveness these type of programs had on the delay of sexual intercourse.

On the other hand, there were those who evaluate certain sex education programs as successful, as long as they focus on specific topics or certain age-group. "Adolescence and Abstinence" (1996, p.2) revealed that "effective programs include a strong abstinence message, as well as information about contraception and safer sex". Kirby believed that adolescents need to be exposed to these programs before starting their sexual relationships (cited in "Adolescence and abstinence", 1996).

Another study (Grunseit & Kippax, cited in "Adolescence and Abstinence", 1996) found

that almost the same requirements are needed to have a successful sex education program. They found that the program had its best results when the information was given before the adolescents started sexual intercourse and the topics included abstinence, contraception and STD prevention.

Haffner (1995) believed that sex education was better when the teenagers not only receive sexuality information, but instead had the opportunity to discover and analyze their beliefs, values, attitudes and social skills. A research paper presented by ETR Associates (cited in Terrell, 1995) showed that successful programs have certain common elements: (a) teenage comprehension about the benefits of preventing pregnancy, (b) programs that worked on reducing certain specific behaviors instead of more general objectives, (c) activities which build skills and self-esteem through role playing and (d) teacher training.

Opponents and Proponents

Some people evaluated sex education programs as successful or unsuccessful, some people opposed or proposed sex education being taught in schools. Those opposed claim that the responsibility of teaching sex education should be left to the parents or religious ministers. They said that classroom instruction may unintendedly encourage teenagers into sexual activity (Leepson, 1993).

However, research found that "sexuality education doesn't seem to increase the probability that teenagers will engage in sexual intercourse" (Lagana & Hayes, p. 356). The World Health Organization conducted two study reviews on research reports and concluded that sex education does not increase sexual involvement among teenagers. They did, in fact, decrease adolescent sexual activity or delay it (Terrell, 1995).

Those in favor of sex education in schools considered it as a way of reducing teenage pregnancy through providing better knowledge of risks related to pregnancy, and teaching skills to help teens make better choices (Leepson, 1993). In fact, "Adolescence and Abstinence" (1996) reported that the majority of parents supported sexuality education, as well as HIV/AIDS education programs. It mentioned that many organizations have joined to support sexuality education.

One of the effects that has unanimously been found in studies related to sex education was the increase in knowledge about sexuality. Burdyshaw and Fowler (cited in Lagana & Hayes, 1993) conducted a project involving improvisational theater. Their results showed that "knowledge about sexuality and contraception increased between 28% and 100%" (p. 348). Kirby's research reviewed (1980) revealed that in almost every sex education program there is a result in substantial increased knowledge of sexuality.

Moseley (1992) mentioned that through formalized sex education instruction, students

gained information. Information and knowledge was what helped teenagers make more responsible decisions, although attitudes, values and beliefs needed to be worked on also.

Who Should Participate in Sex Education Programs?

Recent studies (Fernandez, 1996) showed that teenagers consider they get most of their sexuality information from sex education classes (40%), and from their parents (36%). They thought their parents are the best source of sex information, although they feel parents don't give them all they need to know. Other polls ("Sexuality Education in School: Issues and Answers", 1996) indicated that adolescents think their parents are the most important source of information, followed by friends, school and TV. Baird (1993) found that from the 81 Mexican adolescents she interviewed, 27% receive information from teachers, 24% from mothers, 10% from fathers, 15% from friends and 6% from doctors or health care centers.

Not only do children and teenagers learn about sexuality at home through their parents, but other sources outside home influence their knowledge, like doctors, teachers, neighbors, TV, music, books, etc. This is why it is very important that "all sectors of the community--parents, family, schools, community agencies, religious institutions, media, businesses, health care providers and government ..." (Haffner, 1995, p. 5) be involved in promoting adolescent sexual health.

Another important participant in these sex education programs is the student. Reichelt (1977) mentioned that students' participation in the creation of a sex education curricula not only provided them with experience valuable for their growth and development, but it helps adults be aware of what specific needs the students have related to the topic.

Sex Education in Mexico

Sex education in Mexico has been approached through diverse methods. Some of these have included public health services and orientation centers that constantly visit schools and have presentations related to sexuality (Monroy, 1989). It has also been taught in science class, with subjects related to reproduction and pregnancy.

Three years ago, the Mexican Ministry of Education created a guidance course that was established for counselors to teach. This course consisted of topics related to study skills, sports, recreational activities, alcoholism, drug abuse, smoking, AIDS, career and job election, and sexuality.

In this course, sexuality involved issues such as characteristics, risks and consequences of premature sexual relationships, pregnancy, abortion, sexually transmitted diseases and AIDS. The methodology utilized was a combination of lecture, role playing, student participation and discussion, with the purpose to promote the students' active participation in different activities that can facilitate their understanding of their values related to sexuality. This

course was taught in the last secondary year.

Sex Education at The American School of Tampico

The sex education program in the ATS included informal conferences or talks to students in 6th and 7th grades, related to sexuality and reproduction. Biology concepts were also taught in Science class. Science class in 9th grade comprehends sexual reproduction and the main concepts of human biology. In 10th grade, students have the guidance class, in which sexuality was approached as described in the previous section.

Chapter 3

METHODS AND PROCEDURES

Sampling Procedures

The participants in this study were students currently attending grades 8-10 in The American School of Tampico. From the total population of 132 students, a random sample of 97 students was chosen. The systematic random sample method was used, choosing every second student according to the group lists.

Data Gathering Instruments

The data was gathered using a questionnaire consisting of 19 items, most of them being in a closed question form (Appendix A). The original questionnaire was elaborated and validated by three judges, leading to the final form that was used as an instrument. This questionnaire included a cover letter where the students were given background information about the research project.

The instrument evaluated four sections. The first section dealt with demographic information like age, sex and school grade. The second section sought information related to the sex education program in the school, including what grades was it taught in, what information they received, if they considered it useful, as well as the suggestions the students had to make the sex education program better. The third section referred to the main sources of sex information the students have had, and who they thought would be the best providers of this type of facts. The last section evaluated the knowledge the students had related to topics such as AIDS, pregnancy, STD's, contraception, abortion, and sexual intercourse.

Procedures

To make this research possible, the first step taken was to get the appropriate permission from the Director General of The American School of Tampico. Due to the fact that the survey was realized in Tampico, Tam. MEXICO, the permission was solicited through e-mail (Appendix C).

After receiving the proper authorization, the instrument was designed and sent through e-mail, together with the list of students who were selected to answer the questionnaire. The instrument was printed, copied and applied to the students in a separate classroom. The students were instructed by the examiner to read the information on the cover letter, as well as the instructions in the questionnaire.

From the 97 students who were selected, 92 answered the questionnaire. These were sent back through delivery mail in two weeks.

Chapter 4

PRESENTATION AND ANALYSIS OF DATA

The sex education program in The American School of Tampico, as described in Chapter 1, was covered as follows: a minimal introduction in eighth grade, in which the students studied human reproduction in biology class, and had a conference from a specialist. In ninth grade, human reproduction and pregnancy were studied. Tenth graders studied sexually transmitted diseases, AIDS, pregnancy, abortion, contraception and the social aspects and risks of sexual intercourse and pregnancy in adolescent years. The hypothesis was that there would be no differences in the level of sexuality knowledge between the 9th and 10th graders.

The information gathered from the questionnaire provided facts that would help establish an acceptance or rejection of the null hypothesis. The results are described in the following section. In the study, 92 out of the 97 students requested to answer the questionnaire responded. These 92 students were distributed according to grade, as shown in Table 1. In general, most of the surveyed students considered the sexuality information they have received as useful (see Table 2).

When asked who they thought would be the best provider of sexuality education, 9th and 10th graders agreed that doctors would be the best. The 8th graders thought parents were the best source of information (see Table 3).

When asked who had been their main source of sexuality information, the students had different responses. Eighth graders received most of their sexuality information from their parents, 9th graders from a doctor, and 10th graders from doctors and other sources (see Table 4).

Restatement of the Hypothesis

In order to accept or reject the hypothesis, data related to 9th and 10th grades were analyzed, showing the results presented in Table 5. The table shows frequencies and percentages of the amount of students that had correct answers to the questions and significant difference in ninth and tenth graders. Ninety-seven percent of the 10th graders and 85% of the 9th graders know what HIV stands for (X^2= 5.57, p< 0.12). One hundred percent of the 10th graders and 88% of the 9th graders know how HIV can be transmitted (X^2=4.01, p<0.13). Seventy-eight percent of the 9th graders and 43% of the 10th graders know when a woman has to have sex to get pregnant (X^2=12.80, p<0.01). Ninety-seven percent of the 10th graders and 70% of the 9th graders know what STD's are (X^2=-1.48, p<1.00). Eighty percent of the 10th graders and 48% of the 9th graders have knowledge related to contraceptive pills (X^2= 7.38, p<0.06).

Ninety percent of the 10th graders and 28% of the 9th graders know which is the best contraceptive method (X^2=25.08, p<0.00). Ninety percent of the 10th graders and 70% of 9th graders know the dangers of an abortion (X^2=4.14, p<0.13). Ninety-seven percent of the 10th graders and 94% of 9th graders know that a woman can get pregnant the first time she has sexual intercourse (X^2=2.93, p<0.23). Ninety-three percent of 10th graders and 84% of 9th graders know what the hymen is (X^2= 6.92, p<0.07).

Of the nine questions related to sexuality knowledge, two showed significant differences between 9th and 10th graders and the hypothesis was rejected for those questions.

Table 1

Number of Students Responding by Grade to Questionnaire

Grade	Number of Students Responding
8th Grade	29
9th Grade	33
10th Grade	30
Total	92

Table 2

Percent of Students That Consider Sexual Information Useful

Grade	Percent of Students
8th Grade	84%
9th Grade	100%
10th Grade	100%

Table 3

Best Sex Education Information Providers

	8th Grade		9th Grade		10th Grade	
	f	%	f	%	f	%
Doctor	9	32%	24	73%	12	41%
Parents	17	61%	5	15%	5	17%
Teachers	2	7%	1	3%	5	17%
Friends	0	0%	0	0%	1	3%
Others	0	0%	3	9%	6	21%

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Table 4

Best Sources of Sex Information

	8th Grade		9th Grade		10th Grade	
	f	%	f	%	f	%
Doctor	5	17%	23	70%	3	10%
Parents	13	45%	3	9%	2	7%
Teachers	6	21%	1	3%	10	33%
Friends	4	14%	3	9%	5	17%
Others	1	3%	3	9%	10	33%

Table 5

Correct Answers to Sexual Knowledge Questions by Students

	9th Grade		10th Grade			
	f	%	f	%	X^2	Significance
What is HIV?	28	85%	28	97%	5.77	0.12
HIV Transmission	28	88%	30	100%	4.01	0.13
Pregnancy	25	78%	13	43%	12.80	0.01*
What are STD's?	23	70%	29	79%	1.48	0.19
Pills	16	48%	24	80%	7.39	0.06
Best contraceptive	9	28%	27	90%	25.08	0.00*
Abortion Danger	23	70%	27	90%	4.14	0.13
Pregnant on First Sex	31	94%	29	97%	2.93	0.23
What is the Hymen?	27	84%	28	93%	6.92	0.07

* Significant difference

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Sexuality education programs are a necessity in modern society due to high rates of teenage pregnancies, STD's, abortions, among other sexuality related events. Their main goals are to provide the adolescent with enough and correct sexuality knowledge, that can help them take care of their sexual health and learn skills that will enable them to make responsible decisions about their sexual life.

Programs evolved with time, but their main objectives were almost the same. It has been shown that these programs were most effective in increasing the students' sexuality knowledge, mainly when adolescents are exposed to the material before getting involved in sexual relationships.

Although some people opposed to sex education taught in schools, the majority of the population supports this type of education in schools. It is even suggested that the whole community gets involved and participates with their own contribution to sex education.

This research's purposed to evaluate the American School of Tampico's sex education program, through examining the students perception of this program, as well as the amount of knowledge it has provided them. Most of the students considered the information they received through their program as useful and the results from the questionnaire showed that 9th and 10th graders do have an acceptable level of sexuality knowledge.

Conclusions

The results showed that the students considered the information they received as useful and that it complied with the goal of providing knowledge to them. This could be understood as evaluating their program as successful and that it met their expectations of what they wanted and needed to know.

Recommendations

It is recommended that the study has a follow up. This can be done by surveying the rest of the ATS community (parents and teachers). This would benefit in an acquisition of a different opinion or perspective about the same program. All the information would serve as a basis for modifying or establishing a new sexuality education program. The cooperation of the community would help diminish differences in opinions related to what topics should be taught, what grade should the program start with, as well as what methodology would be the best establish the program with.

An additional research would be one related to attitudinal factor related to sexuality, which would help know what are the most important attitudes and values in the ATS community.

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SEX EDUCATION AND SEXUALITY KNOWLEDGE IN ADOLESCENTS

DIRECTIONS: Read carefully and CIRCLE or answer all items. Add comments on the back if you wish.

1. What is your sex?.....a) Male b) Female
2. What is your age?..... a) 13 b) 14 c) 15 d) 16
3. What grade are you in?..... a) 8th b) 9th c) 10th
4. Has your school provided a class where sex education is taught?..... a) yes b) no
5. If yes, in what grade(s) was it taught?..... a) 7th b 8th c) 9th d)10th
6. Do you consider the information you received useful?.....a) yes b) no
   Why? _____

7. Who do you think would be the best provider of sex education to teenagers?
   a) Parents b) Teachers c) Friends d) Doctor
8. From whom did you receive most of the sex information you have?
   a) Parents b) Teachers c) Friends d) Doctor
9. What does HIV stand for?
   a) Humanity Intodeficience Virus b) Human Inmunodeficiency Virus c) Human Immute Virus d) I don't know
10. The HIV virus can be transmitted:
    a) From mother to child during pregnancy and birth b) Through sexual contact c) Both d) I don't know
11. For a woman to get pregnant she must have sex :
    a) After her menstruation b) Before her menstruation c) At the middle of her menstrual cycle d) I don' t know
12. Sexually transmitted diseases are:
    a) Diseases you can get in adolescence, but have little damage to your body
    b) Diseases transmitted mainly through sexual contact, but can be prevented
    c) Deadly sexual diseases that can't be prevented
    d) I don't know
13. The contraceptive pill:
    a) Can cause headaches, hormonal change, nausea, among other effects
    b) Have to be taken with a doctor's prescription and supervision
    c) Both
    d) I don't know
14. Which is the best contraceptive method?
    a) Interrupting sexual intercourse to ejaculate outside the woman's vagina
    b) Using condoms
    c) Abstinence
    d) I don't know
15. When a woman has an abortion, she is in danger of:
    a) Internal infections due to malpractice
    b) Death
    c) Both
    d) I don't know
16. A woman can get pregnant the first time she has sexual intercourse.
    a) yes b) no c) I don't know
17. The hymen is:
    a) Another name for the uterus
    b) A thin skin tissue at the entrance of the vagina
    c) What is expelled during ejaculation
    d) I don't know

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